RHINOPLASTY QUESTIONNAIRE

Have you ever injured your nose?  □ Yes  □ No

Have you ever fractured your nose?  □ Yes  □ No  □ Maybe
When? ______________________________________
How? ______________________________________

Did you seek medical treatment for the nasal fracture?  □ Yes  □ No

Did you have x-rays of the nasal fracture?  □ Yes  □ No

Do you have difficulty breathing through your nose?  □ Yes  □ No
When?   Only at night?  □ Yes  □ No  During exercise?  □ Yes  □ No
While eating?  □ Yes  □ No
Other ______________________________________

Have you experienced any of the following:

□ Snoring   □ Nasal infections
□ Sinus infection   □ Sinus pain
□ Nasal pain   □ Sore throat
□ Nose bleeds   □ Runny nose
□ Headaches   □ Nasal allergy

Have you ever seen a doctor for any of the above-listed problems?
□ Yes  □ No

Who? ______________________________________
When? __________ Findings _______________________
Treatment _____________________________________

Do you take any medication to improve your nasal breathing?  □ Yes  □ No
Which ones? ______________________________________
How often? _____________________________________

Have you ever had nasal surgery?  □ Yes  □ No
When?_____________________________________________________

By whom?___________________________________________________

Results_____________________________________________________

Any problems or complications? □Yes □No

Do you wish to change the appearance of your nose? □Yes □No

How long have you considered changing the appearance of your nose?_____________________________________________________

What parts of your nose bother you? Tip□ Bridge□ Width□ Length□ Septum□ Skin□ Base□ Height□ Fracture Deformity□ Profile□

Other________________________________________________________

Are you interested in discussing a chin implant or liposuction on your neck? □Yes □No

**Insurance:**

Some nasal surgery is covered in part or in full by health insurance policies. Most cover functional reconstructive improvements, but do not cover cosmetic surgery. The insurance companies require a written report from our office before making a determination of benefits. This report will contain information you have provided on this form and the results of your examination. Polaroid photographs will also be taken and sent to your insurance company. It is entirely your choice if you would like us to prepare such a written report along with your photographs for pre-determination by your insurance company. Your insurance company will be billed for the report and the functional portion of your examination.

Do you wish this office to prepare an insurance determination report for payment of your nasal surgery? □Yes □No

Do we have your permission to send photographs of your nose to the insurance company? □Yes □No

_________________________________________  __________________________
Signature                           Date